Testimony in Support of SB 989, An Act Concerning Nursing Homes

Aging and Human Services Joint Public Hearing, February 16, 2023

Respectfully submitted by Susan Caplan, PhD, MSN, RN, FAAN, February 15, 2023

Greetings, Senator Hochadel, Senator Lesser, Representative Garibay, Representative Gilchrest, Ranking Members, and Members of the Aging and Human Services Committees…

My name is Susan Caplan. I am a resident of Cheshire, CT, a volunteer for AARP and a Fellow of the American Academy of Nursing and I am in support of the Act Concerning Nursing Homes. Prior to completing my PhD in Nursing at Yale University, I was the Director of Education and Quality Assurance at the Village Nursing Home in New York City. Most of my career has been spent in nursing academia. My experience in nursing has informed me of the importance of fiscal transparency in nursing homes, referred to in Sections 6-8 of this bill. Unfortunately, a for-profit business model of health care delivery in Long Term Care (LTC) often results in diminished quality of care for residents and unsafe working conditions for staff. Cost saving measures designed to maximize profits can jeopardize patient health, such as the practice of transferring out the sickest residents or those with high care needs, i.e. comorbid mental illness and dementia. Dangerous cost-saving practices of for-profit nursing homes in Connecticut is evidenced by the Mathematica research groups' findings that for-profit nursing homes had 60% greater morbidity and mortality during the COVID-19 pandemic than not-for-profit nursing homes.

The bill also addresses staffing and minimum direct care hours. My experiences working in nursing homes, have taught me that the responsibilities of nurses and CNA's in this environment are highly demanding, both physically and mentally. Nurses and nurse's aides have the highest rates of back injuries of any profession, more than construction workers, and miners. The CDC reports that:

"Costs associated with overexertion injuries in the healthcare industry were estimated to be $1.7 billion in 2015. Additionally, nursing aides and orderlies suffer the highest prevalence (18.8%) and report the most annual cases (269,000) of work-related back pain among female workers in the United States. In 2000, 10,983 registered nurses (RNs) suffered lost-time work injuries due to lifting patients. Twelve percent of nurses report that they left the nursing profession because of back pain."

It is therefore unsurprising that nursing home administrators oppose mandatory staffing requirements, citing difficulty in recruitment. While it is true that there is a nursing shortage, and it is hard to recruit nursing staff for nursing homes, the major reason for this is the difficult and dangerous working conditions as stated above, which is made more difficult by inadequate staffing.

Major professional nursing organizations support minimum staffing requirements. Among the *minimum* staffing levels proposed to be adopted, funded, implemented, and publicly reported for nursing homes by The American Nurses Association and the Coalition of Geriatric Nursing Organizations (CGNO) **and Endorsed by ANA**: November 12, 2014 the following concur with the proposed bill:

- The hours of direct nursing care for each resident be at least 4.1 hours per resident day with minimum 30% of that consisting of licensed nurses.
- Skilled nursing facility residents have licensed staffing based on clinical acuity, which may necessitate more than the 4.1 hours per resident minimum.

Nursing home residents are among the most vulnerable in our populations. To quote Mahatma Gandhi: '**the true measure of any society can be found in how it treats its most vulnerable members**'. Please support SB 989.